United Nations DP/FPA/DCP/TLS/3

Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services

Distr.: General
28 April 2014

Original: English

Annual session 2014
23 to 27 June 2014, Geneva
Item 13 of the provisional agenda
UNFPA — Country programmes and related matters

UNITED NATIONS POPULATION FUND

Draft country programme document for Timor-Leste

Proposed indicative UNFPA assistance:	$15.5 million: $10 million from regular resources and $5.5 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Five years (2015-2019)
Cycle of assistance:	Third
Category per decision 2013/31:	Orange

Proposed indicative assistance (in millions of $):

Strategic plan outcome area		Regular resources	Other	Total
Outcome 1	Sexual and reproductive health	4.5	3.5	8.0
Outcome 2	Adolescents and youth	1.5	0.5	2.0
Outcome 3	Gender equality and women's empowerment	1.0	0.5	1.5
Outcome 4	Population dynamics	2.0	1.0	3.0
	Programme coordination and assistance	1.0	-	1.0
	Total	10.0	5.5	15.5

14-31542 (E) 010514

Please recycle

I. Situation analysis

1. Timor-Leste is a post-conflict state that has recently emerged as a lower middle-income country. Peaceful democratic presidential and parliamentary elections were held in 2012, and the United Nations 13 year peacekeeping presence ended at the end of the same year. The country has $14 billion in oil wealth, while gross national income is $3,670 per capita. However, nearly 50 per cent of the population lives in poverty and the oil reserves are finite and may be depleted by 2024.

2. Timor-Leste frequently suffers from localized, extensive disaster events related to climate variability. In all, 78.5 per cent of Timorese are reported to have experienced shocks due to natural hazards.

3. In 2010, the population of Timor-Leste was 1.1 million. While the total fertility rate continues to decline, it stands at 5.7 – the highest in the region – and the annual population growth rate is 2.9 per cent. The total fertility rate is considerably higher in rural (6.0) than in urban (4.2) areas. The country is experiencing a youth bulge, with 32 per cent of its population between the ages of 10 and 24.

4. Population growth is expected to exert increasing pressure on the economy, resources and social service alike. Many of the underlying factors that fostered the 2006 political crisis persist – high youth unemployment (24.8 per cent for ages 15-24 in 2010), lack of opportunity and perceived disadvantages and marginalization.

5. There are considerable variances in fertility rates among residence, district, education and wealth quintiles. The majority of the population (70 per cent) lives in rural areas and experiences disparities in access to public facilities and other available infrastructure.

6. Estimates of the maternal mortality ratio range from 300 to 570 deaths per 100,000 live births. Among young women aged 15 to 19, the maternal mortality ratio is 1,037 per 100,000 live births. Skilled health personnel assist only 30 per cent of current deliveries, and facility delivery is low, at 20 per cent. The infant mortality rate is 74 deaths per 1,000 live births.

7. Contraceptive prevalence among married women aged 15 to 49 doubled between 2003 and 2009/2010, rising to 22 per cent, and has since stagnated in the low twenties. Nearly one in three women aged 15 to 49 have an unmet need for family planning, with women aged 20 to 24 having the highest unmet need.

8. Timor-Leste faces significant shortages in human resources for health – fewer than half the country's health posts have staff with midwifery skills. To increase human capacity in the health system, Timorese doctors are currently being trained at medical schools in Cuba. Four hundred Timorese have already graduated and returned to Timor-Leste, with a further 600 graduates expected by 2015.

9. In 2010, 36 per cent of women aged 15 to 29 reported that they had experienced physical violence, and 75 per cent of married women reported that violence had come from a partner. In 2010, the national law against domestic violence was passed, followed by a comprehensive national action plan focused on multi-sectoral coordination of services. Despite strong policy reform and a dynamic role by civil society organizations, gaps between informal and formal justice mechanisms, capacity of service providers and implementation challenges, particularly in the health sector, indicate that violence against women and girls remains a significant problem throughout the country.

10. Although Timor-Leste is considered to have a low HIV prevalence rate (0.2 per cent), there is a concentrated epidemic among key affected populations – sex workers (1.5 per cent) and their clients, men who have sex with men (1.3 per cent) and transgender (2.6 per

cent). Many young people are not equipped with the knowledge and life skills to manage sexually transmitted infections and HIV risk in an increasingly challenging environment. Comprehensive knowledge on HIV among youth is much lower in the poorest (11 per cent) than in the richest (35 per cent) wealth quintiles.

II. Past cooperation and lessons learned

11. The second country programme, 2009-2013, sought to work collaboratively with stakeholders to ensure: (a) equitable access to quality reproductive health services; (b) comprehensive responses to gender-based violence; (c) awareness raising for young people to make informed choices for a healthy, productive life; and (d) strengthened institutional capacity of the national statistics office and its operating systems.

12. The second country programme evaluation conducted in 2012 highlighted a number of key achievements, which included: (a) revision of the national reproductive health strategy; (b) development of a behaviour change communication strategy; (c) standardization of the midwifery curriculum at the National University of Timor-Leste; (d) strengthened family planning units in 67 per cent of community health centres; (e) development and advocacy of the law against domestic violence; (f) approval of a national action plan on gender-based violence; and (g) undertaking of the 2010 population and housing census.

13. The evaluation identified a number of lessons learned and made recommendations relevant to the next programme cycle, 2015-2019. In the area of reproductive and sexual health, it recommended: (a) developing the capacity of national trainers and supervisors in safe motherhood, family planning, gender-based violence and adolescent sexual and reproductive health; and (b) continuing to strengthen integrated sexual and reproductive systems, including the logistics management information system capacities of the Ministry of Health. In the area of gender equality, it recommended (c) reinforcing the role of the health sector in addressing gender-based violence issues; and (d) stepping up capacity building at the national, district and community levels to improve prevention, intervention and advocacy on gender-based violence. In the area of population and development, it recommended: (e) continuing support in the preparation of five-year censuses and other surveys; and (f) continuing work to formulate a national population policy that ensures population, reproductive health and gender concerns are integrated into all sectorial programmes.

III. Proposed programme

14. The proposed third country programme, 2015-2019, is aligned with the national Strategic Development Plan, 2011-2030, the United Nations Development Assistance Framework, 2015-2020, and the UNFPA strategic plan, 2014-2017. It was developed with the Government, based on the population situation analysis and the findings and recommendations of the evaluation of the second country programme, 2009-2013.

15. Although designated a lower middle-income country, Timor-Leste continues to require support in order to sustain earlier successes, address increasing geographic and wealth inequities in sexual and reproductive health, and reflect rights-based approaches. The programme will focus on capacity development and service delivery to avert maternal mortality and reduce unmet need for family planning. Advocacy and policy dialogue will continue to promote reproductive health and rights, empower young people and effectively respond to gender-based violence. UNFPA and other United Nations organizations will, where feasible, develop joint programmes and projects in the areas of maternal health, youth, gender-based violence, data for decision-making and humanitarian preparedness and response.

16. The programme will focus on vulnerable and underserved groups, with special attention given to addressing young women (15 to 24 years old) who experience the highest maternal mortality, greatest percentage of mistimed births and highest rate of gender-based violence. The programme will address disparities found in geographic locations by focusing on the capital (Dili) and five districts (Ainaro, Baucau, Bobonaro, Covalima and Oecusse) with the weakest sexual and reproductive health indicators – including a lower percentage of skilled birth deliveries and family planning demand and higher prevalence of gender-based violence, HIV and other sexually transmitted infections.

Outcome 1: Sexual and reproductive health

17. Output 1. Strengthened capacity of the national health system to improve access to and increase the demand for rights-based family planning. To achieve this output, UNFPA will support family planning efforts to address unmet need by: (a) enhancing the knowledge and skills of service providers through quality training; (b) improving the logistic management information system, forecasting and distribution of family planning and other reproductive health commodities and supplies in health facilities; (c) improving the quality of behaviour change communication for increased use of sexual and reproductive health services; and (d) strengthening the knowledge base and provision of strategic information for programme and policy development and advocacy.

18. Output 2: Increased national capacity to deliver integrated sexual and reproductive health services and respond to gender-based violence This output focuses on enhancing national capacity to achieve the targets of the national reproductive, maternal, newborn, child and adolescent health strategy through the continuum of care approach across the life cycle, and ensuring individual rights and equity in access. UNFPA will support initiatives to: (a) develop national guidelines and quality assurance mechanisms, including on building capacity for maternal death surveillance and response; (b) strengthen competency-based training capacity of national training institutions by formalizing relationships with regional training institutes; (c) strengthen human resources for midwifery, basic emergency obstetrical care and adolescent sexual and reproductive health; (d) strengthen the capacity of the health sector to respond to gender-based violence; and (e) partner with civil society for adolescent sexual and reproductive health information and services. HIV/AIDS prevention and the prevention and treatment of sexually transmitted infections will be integrated into the above capacity building efforts with special emphasis on interventions for young people.

Outcome 2: Adolescents and youth

19. Output 1: Increased national capacity to design and implement community and school-based comprehensive sexuality education programmes that promote human rights and gender equality. UNFPA will support this output by: (a) collaborating with the Ministry of Education to implement a school-based comprehensive sexuality education; and (b) supporting comprehensive sexuality and reproductive health education for youth outside the school environment through innovative approaches and partnerships. These programmes will promote the young people's use of sexual and reproductive health information and services.

Outcome 3: Gender equality and women's empowerment

20. Output 1. Strengthened capacity of relevant government institutions and non-government organizations to implement the national action plan on gender-based violence UNFPA will work to achieve this output by supporting efforts to: (a) advocate at the national level for pre-service curriculum development for health sector response, in-service training, and capacity strengthening and outreach in selected districts; (b) piloting a

multi-sectoral response, including referral mechanisms for gender-based violence; and (c) providing capacity building and technical assistance to relevant institutions and organizations to effectively implement and monitor the national action plan.

Outcome 4: Population dynamics

21. Output 1: Strengthened national capacity for using data and evidence to develop, monitor and evaluate national policies and programmes in the areas of population dynamics, sexual and reproductive health, youth and gender equality UNFPA will work to achieve this output by: (a) providing technical support for the 2015 population and housing census and other population surveys; (b) strengthening the institutional and technical capacity of the National Statistics Directorate; (c) strengthening the capacity of selected line ministries in integrating relevant population issues into plans and policies; and (d) promoting awareness and policy dialogue among the public and decision makers on population dynamics, with particular attention to youth and women.

IV. Programme management, monitoring and evaluation

22. UNFPA will work with the Ministry of Finance, which in Timor-Leste oversees and monitors all development partners working in country. UNFPA will primarily use the national execution modality and collaborate with other United Nations organizations, such as the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) and the World Health Organization (WHO), and key development partners.

23. Together with the Government, UNFPA will develop a partnership plan and a monitoring and evaluation plan, and conduct programme monitoring, including field visits, and periodic progress reviews throughout the cycle. It will develop a database to facilitate annual tracking of progress, using process and results indicators. UNFPA will conduct thematic evaluations and the independent end-of-programme evaluation in 2018, according to United Nations Evaluation Group evaluation guidelines.

24. The country office consists of a representative and programme and operations staff. UNFPA will recruit necessary technical and management staff to support the implementation of the programme., and will provide additional support from the technical and programme staff of the UNFPA regional office, as required. In the event of an emergency, UNFPA will, in consultation with the Government, reprogramme funds to respond to emerging issues within the UNFPA mandate.

RESULTS AND RESOURCES FRAMEWORK FOR TIMOR-LESTE

National priority: By 2030, Timor-Leste will have a healthier population as a result of comprehensive, high quality health services accessible to all Timorese people. In turn, this will have reduced poverty, raised income levels and improved national productivity
UNDAF outcome: By the end of 2020, people of Timor-Leste, especially the most disadvantaged groups, benefit from inclusive and responsive quality health education and other social services and are more resilient to hazard-related shocks.

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
Outcome 1: Sexual and reproductive health (Increased availability and use of integrated sexual and reproductive health services including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access) Outcome indicators: • Percentage of family planning demand satisfied (15 to 49 years old) Baseline 42%; Target: 70% • Proportion of births attended by skilled attendants (15 to 49 years old) Baseline: 30%; Target 65%	Output 1: Strengthened capacity of the national health system to improve access to and increase the demand for rights-based family planning	Output indicators: • Number/percentage of health facilities in UNFPA-supported districts reporting no stock-out of contraceptives within the last six months Baseline: 59/45%; Target: 133/100% • Number/percentage of health facilities UNFPA-supported districts providing at least three or more methods of family planning Baseline: 94/71%; Target: 133/100% • Percentage of married women aged 15 to 49 in UNFPA-supported districts who have knowledge of three or more family planning methods Baseline: 40%; Target: 80%	Ministry of Health, Ministry of Social Solidarity and Ministry of Education; Secretary of State for the Promotion of Equality; Alola Foundation, Marie Stopes International-Timor-Leste, National University of Timor-Leste, Medical Association of Timor-Leste, Psychosocial Recovery & Development in East Timor; World Health Organisation; United Nations Children's Fund	$8.0 million ($4.5 million from regular resources and $3.5 million from other resources)
	Output 2: Increased national capacity to deliver integrated sexual and reproductive health services and respond to gender-based violence	Output indicators: • Number of new/revised sexual and reproductive health enabling legislation, policies, strategies and guidelines implemented/initiated Baseline: 6; Target: 10 • Number/percentage of facilities providing 24/7 basic emergency obstetric care centre services as per national standards Baseline: 4/6% Target: 67/100% • Percentage of pregnant women in UNFPA-supported districts with birth preparedness/complication readiness plans Baseline:0%; Target:50% • Number/percentage of UNFPA priority districts with functioning maternal death surveillance and response mechanisms Baseline: 0/0%; Target: 6/100%		

National development priority: By 2030, Timor-Leste will be a strong cohesive and progressive nation where the rights and interests of the most vulnerable citizens are protected
UNDAF outcome: By the end of 2020, in an enabling environment, young men and young women make informed choices for a healthier and more productive life as citizens who contribute actively to the peace and development of their country

Outcome 2: Adolescents and youth (Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health) Outcome indicator: • Percentage of youth (aged 15 to 24) with comprehensive knowledge on AIDS Baseline: 12%; Target: 50% (Female) Baseline: 20%; Target: 65% (Male)	Output 1: Increased national capacity to design and implement community and school based comprehensive sexuality education programmes that promote human rights and gender equality and increase the availability of young people to comprehensive quality sexual and reproductive health information and services	Output indicators: • Number of schools in UNFPA-supported districts offering comprehensive sexuality programme adhering to national and global standards Baseline: 10; Target: 50 • Number of youth organizations and centres in UNFPA-supported districts conducting comprehensive sexuality education training programmes for youth in community that adhere to national and global standards Baseline: 1; Target: 20	Ministry of Health and Ministry of Education; Secretary of State for Youth and Sports; Secretary of Vocational Training and Employment; Catholic Youth; East Timor National Youth Council; Youth Parliament; United Nations Educational. Scientific and Cultural Organization; United Nations Children's Fund; United Nations Volunteers	$2 million ($1.5 million from regular resources and $0.5 million from other resources)
National development priority: By 2030, Timor-Leste will be a strong, cohesive and progressive nation where the rights and interests of its most vulnerable citizens are protected **UNDAF outcome**: By the end of 2020, people of Timor-Leste, especially the most disadvantaged groups benefit from inclusive and responsive quality health, education and other social services and are more resilient to hazard-related shocks				
Outcome 3: Gender equality and empowerment (Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth) Outcome indicator: • Percentage of ever-married women (aged 15 to 49) who experienced physical or sexual violence from a male intimate partner in the last 12 months Baseline: 29%; Target: 20%	Output 1: Strengthened capacity of relevant government institutions and non-government organizations to implement the national action plan on gender-based violence	Output indicators: • Number/percentage of targeted public and non-government organizations implementing standard operating procedures on gender-based violence Baseline: 12; Target: 20 • Number of annual monitoring exercises conducted on the implementation of the national action plan on gender-based violence Baseline: 1; Target: 6 • Number of health facilities in UNFPA priority districts providing integrated services to survivors of gender-based violence and referral Baseline: 4; Target: 34	Secretary of State for the Promotion of Equality; Ministry of Social Solidarity and Ministry of Health; National Police of Timor-Leste; Women and Children's Legal Aid; Holy Spirit Salele; Alola Foundation; Youth Communication Forum	$1.5 million ($1 million from regular resources and $0.5 million from other resources)
National development priority: The Government will continue to improve the quality, timeliness, accuracy and availability of statistical data for our people **UNDAF outcome**: Line ministries and relevant institutions have improved capacity to collect, analyse and use sociodemographic disaggregated data for evidence based planning, monitoring and budgeting targeting vulnerable groups				
Outcome 4: Population dynamics (Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality) Outcome indicator: • Number of line ministries and relevant institutions that use data for planning, monitoring and budgeting Baseline: 2; Target: 4	Output 1: Strengthened national capacity for using data and evidence to develop, monitor and evaluate national policies and programmes in the areas of population dynamics, sexual and reproductive health, youth and gender equality	Output indicators: • Number of policy and in-depth analysis reports prepared by line ministries on population issues published and disseminated Baseline: 12; Target: 38 • Number of advocacy and policy dialogue initiatives using evidence and informing policies Baseline: 2; Target: 7 • Number of biennial evaluations of strategies and inter-sectorial programs of national youth Policy Baseline: 1; Target: 2	Ministry of Education; Ministry of Finance; Ministry of Health; Ministry of Social Solidarity; Secretary of State for the Promotion of Equality and Secretary of State for Youth and Sports	$3.0 million ($2.0 million from regular resources and $1.0 million from other resources) Total for programme coordination and assistance: $1.0 from regular resources